



MONTANA
CANCER CONTROL
COALITION

Working together...



MONTANA COMPREHENSIVE CANCER CONTROL PLAN

2007 Annual Report

*“If we would
just do what
we know works, the impact on
cancer control would be
huge.”*



—Rita McDonald,
Survivor/Advocate and
Recipient of the MTCCC
2007 Bette Bohlinger
Leadership Award

Did you know that...

- the American Cancer Society estimates for 2007 indicate that there will be 4,920 new cancer cases in Montana?
- cancer accounts for more than 1/5 of all Montana deaths?
- each year, at least 1/3 of all cancer deaths and 1/5 of all deaths nationally can be attributed to tobacco use?
- at least half of all cancer cases in the U.S. could be prevented or detected earlier through screening?
- starting January 2008, insurance plans in Montana must explicitly disclose cancer screening coverage to prospective customers?

Montana's Comprehensive Cancer Control Plan

Who

The **Montana Cancer Control Coalition** (MTCCC) is a diverse group of individuals and organizations working together to reduce cancer incidence, morbidity, and mortality for Montanans through a statewide, coordinated, integrated approach to controlling cancer and ensuring quality of life and survivorship. The MTCCC developed the five-year Montana Comprehensive Cancer Control (CCC) Plan through broad public involvement.

What

The Montana CCC Plan is a guide for achieving the following overarching goals:

1. Prevent the incidence of cancer by reducing risk factors.
2. Detect cancer at the earliest stage possible.
3. Promote access to quality, comprehensive cancer care.
4. Optimize the quality of life and survivorship for those affected by cancer.
5. Support research to improve cancer control.
6. Monitor, disseminate, and utilize cancer data while improving the consistency, coordination, and compliance of reporting and surveillance.
7. Monitor, document, and eliminate disparities across the cancer continuum.
8. Develop and support policies and initiatives that enable cancer control.

How

The Montana CCC Plan describes priorities for cancer prevention and control activities in the following sections: Burden; Prevention; Early Detection; Treatment; Quality of Life and Survivorship; Research; Data, Registry and Surveillance; Advocacy; and Implementation, Evaluation, and Evolution.

The plan has a purpose beyond the identified goals and objectives. It is a living document that represents Montana's determination to prevent and control cancer. The objectives are far-reaching and complex and no one individual or organization has the capacity to carry out all of the activities. Please help put the Montana CCC Plan into action by joining the MTCCC in preventing and controlling cancer.

Why

1. In 2007, about 1,920 Montanans will die of cancer. That's more than five deaths each day.
2. 187 Montanans died of colorectal cancer in 2005.
3. 47% of Montanans over 50 years of age have never had a colonoscopy/sigmoidoscopy (2005).
4. In Montana, 39 percent of American Indian adults smoke, compared to 17 percent of White adults.
5. The incidence of lung cancer in American Indian people in Montana is 80.0 per 100,000*, compared to 66.6 among White people.
6. 1/2 of all bankruptcies in the U.S. are the result of a medical diagnosis.

* Age adjusted to the 2000 Census.



Top Cancer Sites: Montana Men

2005	Cancer Cases	Cancer Deaths
Total Number	2,580	1,020
Prostate	32%	13%
Lung/Bronchus	14%	30%
Colorectal	9%	10%
Urinary bladder	7%	3%



Top Cancer Sites: Montana Women

2005	Cancer Cases	Cancer Deaths
Total Number	2,347	927
Breast	33%	14%
Lung/Bronchus	14%	27%
Colorectal	9%	9%
Uterine corpus	6%	4%

Data Source:
Montana
Central
Tumor Registry
(MCTR),
2007.

Montana's CCC Plan: Goals at a Glance

- **Prevention:** Reduce the risk factors that lead to cancer, e.g., tobacco, poor nutrition, inactivity, obesity, ultraviolet light exposure, and environmental carcinogens.
- **Early Detection:** Broaden coverage, increase utilization, and promote compliance with cancer-screening guidelines.
- **Treatment:** Ensure prevailing standards of care, accessibility, availability, and utilization of cancer treatment services for all. Promote optimum patient/provider communication.
- **Quality of Life and Survivorship:** Promote quality of life for cancer patients, empower patients and families, ensure age-appropriate services for children, and ensure opportunities for safe and effective use of complementary medicine.
- **Research:** Provide access to cancer research information and ensure high-quality research.
- **Data, Registry and Surveillance:** Collect, analyze, and disseminate quality cancer-related data.
- **Advocacy:** Implement Montana's Comprehensive Cancer Control Plan.

Comprehensive Cancer Control is a collaborative process through which a community pools resources to reduce the burden of cancer, resulting in risk reduction, early detection, better treatment, and enhanced survivorship.



MTCCC: 2007 - 2008 Activities at a Glance

MTCCC implementation activities include...

Prevention: Working with the Montana Tobacco Use Prevention Program to increase the number of voluntary tobacco-free policies, starting with hospitals, schools, and apartment complexes. Including cancer-prevention messages in context with collaborative community-level nutrition and physical activity programs.

Early Detection: Listing data sources on the scope of current cancer-screening practices among specific subpopulations, and cancer-screening coverage included in insurance plans. Continuing to market the American Cancer Society Cancer Detection Guidelines to the healthcare provider community and the public.

Treatment and Research: Educating the general public about the pediatric oncology care available in Montana. Continuing to explore existing statewide barriers to cancer care. Facilitating general access to cancer-related resources and improve MTCCC members' understanding of clinical trials. Collaborating with the Commission on Cancer to increase the number of accredited cancer-treatment facilities.

Quality of Life and Survivorship: Promoting quality of life for cancer patients by increasing collaboration with the *Montana Pain Initiative*, reviewing current status of patient rights laws in Montana, and generating support for the draft *Patient's Bill of Rights*.

Data, Registry and Surveillance: Filling in data gaps by using existing surveillance systems (e.g., identifying barriers to cancer screening).

Advocacy: Facilitating the process to develop consensus-based agreements for patients' insurance coverage of routine care costs during cancer clinical trials. Initiating and monitoring cancer-related national and state legislation. Improving recognition of the MTCCC and the Montana Comprehensive Cancer Control Plan. Securing resources for cancer control activities.

Get Involved!

- **Get involved** with the Montana Cancer Control Coalition and comprehensive cancer control activities in your community. Complete and submit the online member information form.
- **Be active** in an implementation group.
- **Talk to your community, state, and national lawmakers** about cancer issues.
- **Support funding** for Montana Comprehensive Cancer Control Plan implementation activities.
- **Remain informed** on cancer control issues.



*Cancer
is an
equal
opportunity
disease.
It affects
us all.*

- Lois Fitzpatrick,
survivor, advocate and
MTCCC member

For more information...

...or to request a copy of the complete Montana CCC Plan, contact:

Ginny Furshong
Comprehensive Cancer Control Program Manager
Department of Public Health & Human Services
P.O. Box 202951
Helena, Montana 59620-2951
Telephone: 406.444.6888
E-mail: gfurshong@mt.gov

The Montana Comprehensive Cancer
Control Plan and the member
information form are available online at:
www.cancer.mt.gov



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Credits

Montana Photos

- Drake Barton: Helena, Montana. Phone: 406.449.6586
- Todd Harwell: Helena, Montana. E-mail: tharwell@bresnan.net

Editing, layout and design: Sherrie Downing Consulting. www.SherrieDowning.com

2,500 copies of this public document were published at an estimated cost of \$0.52 per copy, for a total cost of \$1,297, which includes \$1,297 for printing and \$0 for distribution.

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Montana's Comprehensive Cancer Control Plan: Progress Highlights

July 1, 2006 – June 30, 2007

This report is an overview of the progress made on the Montana Comprehensive Cancer Control Plan. Although we cannot report all successes achieved statewide, this highlights some of the progress made during the first implementation year of the five-year plan.

Prevention

For the first time, the Montana Tobacco Use Prevention Program was funded with Tobacco Master Settlement and federal funds at the CDC recommended minimum level.

Effective July 1, 2007, about 200 tobacco products, formerly marketed individually as "little cigars" and taxed at a lower rate than cigarettes, have been reclassified as cigarettes. They must now be sold in units of 20 and will be taxed at the same rate as cigarettes.

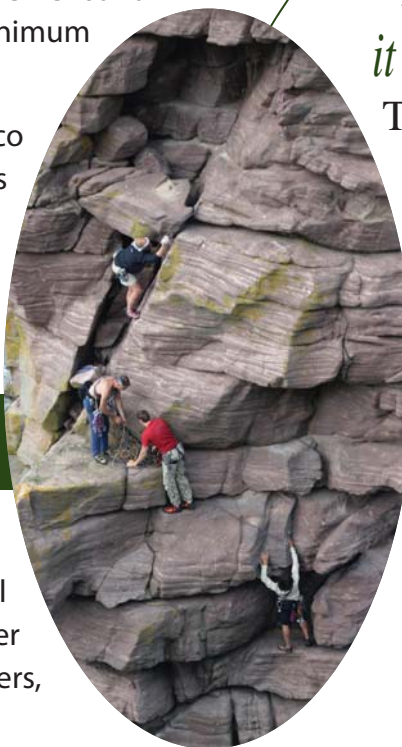
Early Detection

The Cancer Screening Disclosure Bill (SB 387, Senator Squires) was signed into law. It will require insurance companies to detail cancer screening coverage to prospective customers, starting in January 2008.

The 2007 Behavioral Risk Factor Surveillance System (BRFSS) is gathering baseline data on perceived barriers to cancer screening among age-eligible adults who have not been screened according to national guidelines. Data on barriers will continue to be collected through the BRFSS.

Treatment

There are now six American Cancer Society (ACS) cancer resource centers in four cities statewide: Billings; Great Falls; Kalispell; and Helena. This improves healthcare providers' ability to help patients navigate the cancer care system.



There
are thousands
to tell you
it cannot be done,
There are thousands
to prophesy failure;
There are thousands
to point out to you
one by one,
The dangers that
wait to assail you.
But just buckle it in
with a bit of a grin,
Just take off your
coat and *go to it;*
Just start to sing as
you tackle the thing
That "couldn't be done,"
and you'll do it.

- Edgar Guest
It Couldn't Be Done

Quality of Life and Survivorship

A Standard of Care for Pain and Symptom Management was developed for Montana, and subsequently endorsed and promoted by a wide and growing group of organizations.

Consumers and providers now have free access to a statewide End-of-Life Registry, developed and maintained by Montana's Attorney General (www.doj.mt.gov). The registry stores advance healthcare directives in a secure computer database.

Research

Insurers, clinicians, and advocates are developing a voluntary agreement to address insurance coverage of routine costs of care during cancer clinical trials. This is intended to reduce barriers to participation in clinical trials for Montana's cancer patients.

Data, Registry and Surveillance

The Montana Central Tumor Registry (MCTR) attained the North American Association of Central Cancer Registries Gold Standard for the last two years, in recognition of complete, high quality, and timely data.

MCTR data dissemination was improved through distribution of *Quarterly Cancer Data Surveillance* and annual *Cancer in Montana* reports. The data were used as the basis for an article about cancer disparately affecting American Indian people living in Montana.

Cancer data and statistics are now posted on www.cancer.mt.gov, which includes links to reputable local and national cancer information.

*“One
may
walk over
the highest
mountain
one step at
a time.”*

– John Wanamaker

Advocacy

For the first time, in 2007, Montana Legislators appropriated Special Revenue funds of \$2.2 million per biennium for cancer control.

The capacity to implement the CCC Plan was improved. The MTCCC membership grew to 160 members, which includes 100+ organizations. Additional staff was hired, leadership training retreats were held, and MTCCC strategic and evaluation plans were developed.

The MTCCC was restructured for implementation purposes: bylaws were developed, and the processes defined for internal communications, evolution, prioritization of strategies, and work plan activities.

Centers for Disease Control and Prevention comprehensive cancer control funds were awarded to the Montana Comprehensive Cancer Control Program for another 5-year project period. These funds will be used to help support CCC Plan implementation.

The Montana Cancer Control Coalition acknowledges and thanks its many volunteers, partners, and supporters. Progress on CCC Plan implementation was the direct result of donated time, expertise, and resources. Continued statewide efforts, and a growing membership, will translate to even greater success in the future. In the long term, step-by-step progress will reduce cancer incidence, morbidity, and mortality in Montana.